EXECUTIVE SUMMARY

"Transitions 2002: A 5-Year Initiative For Restructuring Indian Health" contains recommendations for reforms within the Indian Health Service (IHS) to enable accessible and acceptable health care services for American Indians and Alaska Natives during the next five years. Recommendations were developed by the Restructuring Initiative Workgroup (RIW), a constituent-dominated group of 20 Indian health leaders.

The June 2002 Interim RIW report addressed the Department of Health and Human Services (HHS) proposals to consolidate portions of the Indian health care system into HHS and how IHS reforms relate to the President's Management Agenda. Because reforms in recent years had downsized the IHS administrative work force by more than half, the RIW did not endorse HHS proposals. The main concern is that consolidation within HHS will reduce resources for Indian health and make Indian health disparities and funding gap worse, not better. The interim report offered alternatives to achieve HHS policy goals without loss of resources from the IHS. The interim report also proposed a 5-year initiative to eliminate Indian health disparities beginning with steps to double funding to bring Indian health care resources in line with health care resources available to other Americans.

The RIW has continued exploring more detailed options for what the Indian health care system should look like in 5-7 years. The RIW final report recommends reforms to address the lingering health disparities experienced by Indians including a new balance among treatment and rehabilitation, disease prevention, and public health programs. To prepare for this new balance, reforms of the work force, facilities, technological infrastructure, and administrative support systems are identified. The key principle is reinvestment of all restructuring "savings" in front line health care programs to expand services to the underserved Indian population. Among options for the next 5 years is regionalization of some administrative functions, streamlining facilities design, augmenting technology infrastructure, incorporating successful business practices, and measures assisting Tribes to realize resources for which they are eligible.

Section one, "Guiding the Indian Health Care System through Transition," describes a continuing partnership in which stakeholders are directly engaged in shaping plans that affect health care programs in Indian Country

Section two, "Core Principles in Indian Health," identifies eight principles to American Indians and Alaska Natives that are important in the context of their health care system. They are:

- A Health Care System for Indian People
- Tribal Sovereignty
- Federal Trust Responsibility
- Government-to-Government Relationship
- Tribal Consultation
- Self-Determination
- Pre-Paid Health Care
- A Special Appropriation for a Special Mission

Adequate tribal consultation in advance of making changes that affect Indian communities is required.

Section three, "Troubling Disparities—Unequal Health Care," describes health conditions and needs of the American Indian and Alaska Native people. The Indian people differ dramatically from other Americans in two ways. First, they experience a substantially lower health status and greater mortality and morbidity as compared with U.S. All Races. Second, they have dramatically less per capita health care expenditures as compared with U.S. All Races. The RIW has concluded that filling in resources gaps and improving access to health care services is essential to eliminate the health disparities experienced by Indian people. Therefore, the RIW recommends that the IHS budget be increased to $5 billion by 2007.

Section four, "Recent Reforms in IHS," describes restructuring already accomplished. Before making plans for the future, it is wise to examine the past. The IHS began serious reorganization in the mid-1990s that has reduced the administrative workforce by more than half. The IHS downsized to a greater degree than other agencies within the HHS.

Section five, "One-HHS Proposals and The Presidents Management Initiative," addresses proposals to consolidate portions of IHS into HHS. Because the IHS had downsized previously, the RIW recommends that the IHS be exempt from proposals for work force reductions and consolidations. The main concern is that consolidation of IHS functions within HHS will reduce resources for Indian health and make the disparities and funding gap worse, not better. The RIW offers alternatives that will lessen the concerns and serve to creatively and constructively participate in the One-HHS initiative while resisting a loss of resources to Indian health. Solutions can be found if the HHS first consults with American Indians and Alaska Natives in accordance with the HHS Tribal consultation policy.

Section six, "A Vision for Health – Eliminate Disparities and Sustain Wellbeing," describes a vision for the future. Achieving health and well-being for American Indians and Alaska Natives first requires the elimination of heath disparities they have long experienced, beginning with doubling the per capita funding for Indian health. The second part goes beyond Indian people having equivalent medical resources and treatment to sustaining health and well-being by living in accordance with Tribal cultural principles.

Section seven, "A Look 5 Years into the Future," examines impacts of broad trends on the Indian health care system and explores options for what it should look like in 5-7 years. It recommends a new balance of treatment and rehabilitation, disease prevention and wellness, and public health programs.

Section eight, "Internal Restructuring Reforms," recommends options for internal reforms of the Indian health care system to prepare the Indian health system workforce, facilities, technological infrastructure, and administrative support systems to fit the new balance of patient and community programs. One conclusion is IHS' administrative structure and practices must fully adapt to the reality of significantly less resources. The RIW proposes a realignment of some administrative functions into regional teams that could improve support to front line health programs and potentially save 100-150 FTE that could be converted into nurses and other health care workers to expand services to Indian people. Other internal reforms include streamlining the facilities construction and engineering process, enhancing information technology infrastructure, incorporating successful business practices, and investing in measures to assist Tribes realize all resources for which they are eligible.

Finally, the Appendix, "Comment on the Interim Report," summarizes the comment received from tribes and Indian health leaders about the Interim RIW report. The RIW used the feedback about the Interim Report to revise and improve the final report.